

CIVIL COVER SHEET

19-CV-5546

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Primerica Life Insurance Company

(b) County of Residence of First Listed Plaintiff Gwinnett County, GA
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Sean P. Mahoney, Esquire, White and Williams LLP, 1650 Market Street,
Suite 1650, Philadelphia, PA 19103 215-864-6342

DEFENDANTS

Dolores Ford Coleman, et al.

County of Residence of First Listed Defendant Camden County, NJ
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question
(U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input checked="" type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C. 1335

Brief description of cause:
Interpleader

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint

JURY DEMAND: ☐ Yes ☒ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE
November 25, 2019

SIGNATURE OF ATTORNEY OF RECORD

Sean P. Mahoney

NOV 25 2019

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG JUDGE

NIQA

19

5546

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 1 Primerica Parkway, Duluth, GA 20099
Address of Defendant: 4301 Germantown Avenue, Philadelphia, PA 19140
Place of Accident, Incident or Transaction: Philadelphia, PA

RELATED CASE, IF ANY:

Case Number: _____ Judge: _____ Date Terminated: _____

Civil cases are deemed related when Yes is answered to any of the following questions:

- | | | |
|--|------------------------------|--|
| 1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

I certify that, to my knowledge, the within case ☐ is / ☒ is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 11/25/2019

Sean P. Mahoney
Must sign here
Attorney-at-Law / Pro Se Plaintiff

90313

Attorney I.D. # (if applicable)

CIVIL: (Place a ✓ in one category only)

A. Federal Question Cases:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | 1. Indemnity Contract, Marine Contract, and All Other Contracts |
| <input type="checkbox"/> | 2. FELA |
| <input type="checkbox"/> | 3. Jones Act-Personal Injury |
| <input type="checkbox"/> | 4. Antitrust |
| <input type="checkbox"/> | 5. Patent |
| <input type="checkbox"/> | 6. Labor-Management Relations |
| <input type="checkbox"/> | 7. Civil Rights |
| <input type="checkbox"/> | 8. Habeas Corpus |
| <input type="checkbox"/> | 9. Securities Act(s) Cases |
| <input type="checkbox"/> | 10. Social Security Review Cases |
| <input checked="" type="checkbox"/> | 11. All other Federal Question Cases |

(Please specify): 28 USC 1335 - Interpleader

B. Diversity Jurisdiction Cases:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Insurance Contract and Other Contracts |
| <input type="checkbox"/> | 2. Airplane Personal Injury |
| <input type="checkbox"/> | 3. Assault, Defamation |
| <input type="checkbox"/> | 4. Marine Personal Injury |
| <input type="checkbox"/> | 5. Motor Vehicle Personal Injury |
| <input type="checkbox"/> | 6. Other Personal Injury (Please specify): _____ |
| <input type="checkbox"/> | 7. Products Liability |
| <input type="checkbox"/> | 8. Products Liability - Asbestos |
| <input type="checkbox"/> | 9. All other Diversity Cases |

(Please specify): _____

ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, Sean P. Mahoney, counsel of record or pro se plaintiff, do hereby certify:

☐ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:

☒ Relief other than monetary damages is sought.

DATE: 11/25/2019

Sean P. Mahoney
Sign here if applicable
Attorney-at-Law / Pro Se Plaintiff

90313

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

Primerica Life Insurance Company :

CIVIL ACTION

v. :

Dolores Ford Coleman, et al. :

NO. **19 5546**

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ()
- (f) Standard Management – Cases that do not fall into any one of the other tracks. (X)

<u>11/25/2019</u>	<u>Sean P. Mahoney</u>	<u>Primerica Life Insurance Company</u>
Date	Attorney-at-law	Attorney for
<u>215-864-6342</u>	<u>215-789-7577</u>	<u>mahoneys@whiteandwilliams.com</u>
Telephone	FAX Number	E-Mail Address



IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

PRIMERICA LIFE INSURANCE COMPANY,

Plaintiff,

v.

DOLORES FORD COLEMAN,
FORD MEMORIAL TEMPLE, INC.,
NEXT GENERATION FELLOWSHIP
MINISTRIES, INC.,
TURAY MEMORIAL FUNERAL CHAPEL, INC.,
SYREETA LAWRENCE,
DREW SMITH,
SHANELLE FORD,
ANDREW J. FORD III,
BRITNEY FORD, and
NORTH CAROLINA MUTUAL FINANCIAL,
LLC,

Defendants.

CIVIL ACTION

NO.

19 5546

INTERPLEADER COMPLAINT

Plaintiff Primerica Life Insurance Company ("Primerica Life"), by its attorneys, White and Williams LLP, respectfully files this Interpleader Complaint against Defendants, Dolores Ford Coleman, Ford Memorial Temple, Inc., Next Generation Fellowship Ministries, Inc., Turay Memorial Funeral Chapel, Inc., Syreeta Lawrence, Drew Smith, Shanelle Ford, Andrew J. Ford III, Britney Ford and North Carolina Mutual Financial, LLC (collectively, "Defendants"), and in support hereof, alleges the following:

PARTIES

1. Primerica Life is a Tennessee corporation with its principal place of business located at 1 Primerica Parkway, Duluth, Georgia 30099. Primerica Life is therefore a citizen of Tennessee and Georgia for purposes of 28 U.S.C. § 1332.

2. Dolores Ford Coleman is an adult individual who resides in New Jersey and is therefore a citizen of New Jersey for purposes of 28 U.S.C. §§ 1332 and 1335.

3. Ford Memorial Temple, Inc. is a Pennsylvania corporation with its principal place of business located at 4031 Germantown Avenue, Philadelphia, Pennsylvania. Ford Memorial Temple, Inc. is therefore a citizen of Pennsylvania for purposes of 28 U.S.C. §§ 1332 and 1335.

4. Next Generation Fellowship Ministries, Inc. is a Pennsylvania corporation with its principal place of business located at 4031 Germantown Avenue, Philadelphia, Pennsylvania. Next Generation Fellowship Ministries, Inc. is therefore a citizen of Pennsylvania for purposes of 28 U.S.C. §§ 1332 and 1335.

5. Turay Memorial Funeral Chapel, Inc. is a Pennsylvania corporation with its principal place of business located at 2534 North 22d Street, Philadelphia, Pennsylvania. Turay Memorial Funeral Chapel, Inc. is therefore a citizen of Pennsylvania for purposes of 28 U.S.C. §§ 1332 and 1335.

6. Syreeta Lawrence is an adult individual who resides in Philadelphia, Pennsylvania and is therefore a citizen of Pennsylvania for purposes of 28 U.S.C. §§ 1332 and 1335.

7. Drew Smith is a minor individual who resides in Bear, Delaware and is therefore a citizen of Delaware for purposes of 28 U.S.C. §§ 1332 and 1335.

8. Shanelle Ford is an adult individual who resides in Norristown, Pennsylvania and is therefore a citizen of Pennsylvania for purposes of 28 U.S.C. §§ 1332 and 1335.

9. Andrew J. Ford III is an adult individual who resides in Elkins Park, Pennsylvania and is therefore a citizen of Pennsylvania for purposes of 28 U.S.C. §§ 1332 and 1335.

10. Britney Ford is an adult individual who resides in Bear, Delaware and is therefore a citizen of Delaware for purposes of 28 U.S.C. §§ 1332 and 1335.

11. North Carolina Mutual Financial, LLC is a North Carolina limited liability company whose members reside in North Carolina. North Carolina Mutual Financial, LLC is therefore a citizen of North Carolina for purposes of 28 U.S.C. §§ 1332 and 1335.

JURISDICTION

12. The Court has original jurisdiction of this action pursuant to 28 U.S.C. § 1335 because (a) the money or property in question is worth in excess of \$500; (b) there are two or more adverse claimants of diverse citizenship; and (c) Primerica Life seeks to deposit the money or property into the Registry of the Court. *Phx. Ins. Co. v. Small*, 307 F.R.D. 426, 432 (E.D. Pa. 2015) (citing 28 U.S.C. § 1335).

13. The money or property in question is worth \$500 or more because the insurance benefit under the Primerica Life insurance policy at issue is \$300,000.00.

14. There are at least two adverse claimants of diverse citizenship pursuant to 28 U.S.C. § 1335 because Dolores Ford Coleman is a citizen of New Jersey and Ford Memorial Temple, Inc. is a citizen of Pennsylvania.

VENUE

15. Venue for this action is proper in the Eastern District of Pennsylvania pursuant to 28 U.S.C. § 1391 because a substantial part of the events giving rise to the action occurred in the Eastern District of Pennsylvania.

BACKGROUND

16. On or about July 27, 1999, Andrew J. Ford, Jr. (the “Insured”) submitted an Application For Life Insurance to Primerica Life Insurance Company (“Primerica Life”) seeking to insure his life in the amount of \$300,000.00 (the “Application”). A true and correct copy of the

Application, which has been redacted to prevent the disclosure of personally-identifying information, is attached hereto as Exhibit “A.”

17. Dolores Ford Coleman, who is the Insured’s sister, was designated in the Application as the principal beneficiary of the insurance on his life, as indicated in Section 6 on the second page of the Application.

18. The Insured did not designate any contingent beneficiary in the Application.

19. In response to the Application, Primerica Life issued life insurance policy number 0432007528 to the Insured (the “Policy”).

20. On or about July 18, 2019, the Insured submitted to Primerica Life a Multi-Purpose Change Form by which he sought to change the principal beneficiary of the insurance on his life from Dolores Ford Coleman to the following, as set forth below:

NEW PRINCIPAL BENEFICIARY	AMOUNT
“Ford Memorial Temple”	\$215,000
“Next Generation Fellowship”	\$10,000
“Turay Funeral Home”	\$50,000
Syreeta Lawrence	\$5,000
Drew Smith	\$5,000
Shanelle Ford	\$5,000
Andrew J. Ford III	\$5,000
Britney Ford	\$5,000

A true and correct copy of this Multi-Purpose Change Form, which has been redacted to prevent the disclosure of personally-identifying information, is attached hereto as Exhibit “B.”

21. The July 18, 2019 Multi-Purpose Change Form did not name any contingent beneficiaries to the coverage provided by the Policy.

22. Primerica Life received the Multi-Purpose Change Form on July 22, 2019.

23. By letter to the Insured dated July 22, 2019, Primerica Life confirmed that, effective July 18, 2019, each of the persons and organizations identified in paragraph 20 above was a principal beneficiary of the coverage insuring Andrew J. Ford, Jr.'s life provided by the Policy according to the amounts set forth in the table in paragraph 20 above, and that no contingent beneficiaries of that coverage had been designated. A true and correct copy of Primerica Life's July 22, 2019 letter is attached hereto as Exhibit "C".

24. On July 19, 2019, the Insured died in New Jersey.

25. The insurance benefit payable under the Policy at the time of, and as a result of, the Insured's death was \$300,000.00 (the "Benefit").

26. On or about July 29, 2019, Primerica Life received documents from Defendant North Carolina Mutual Financial, LLC ("NC Mutual") purportedly evidencing an assignment of \$45,000 of the Benefit to NC Mutual ("the Assignment"). A true and correct copy of these documents, which have been redacted to prevent the disclosure of personally-identifying information, are attached hereto as Exhibit "D."

27. On or about August 15, 2019, Defendant Turay Memorial Funeral Chapel, Inc. submitted a claim form to Primerica Life asserting a claim for the Benefit. A true and correct copy of this claim form, which has been redacted to prevent the disclosure of personally-identifying information, is attached hereto as Exhibit "E".

28. On or about August 25, 2019, Defendant Dolores Ford Coleman also submitted a claim form to Primerica Life asserting a claim for the Benefit. A true and correct copy of this claim form, which has been redacted to prevent the disclosure of personally-identifying information, is attached hereto as Exhibit "F".

29. On or about August 28, 2019, Defendant Ford Memorial Temple, Inc. also submitted a claim form to Primerica Life asserting a claim for the Benefit. A true and correct copy of this claim form, which has been redacted to prevent the disclosure of personally-identifying information, is attached hereto as Exhibit “G”.

30. On or about September 12, 2019, Defendant Syreeta Lawrence sent correspondence to Primerica Life in which she requested, purportedly on behalf of herself and on behalf of Defendants Shanelle Ford, Andrew J. Ford III, Britney Ford and Drew Smith, that any claims to the Benefit they may have be “withdrawn,” and that Defendant Dolores Ford Coleman “be reinstated as the sole beneficiary” of the Benefit, “as originally intended.” A true and correct copy of Defendant Syreeta Lawrence’s September 12, 2019 correspondence to Primerica Life is attached hereto as Exhibit “H”.

31. Defendant NC Mutual has also sought \$45,000 of the Benefit from Primerica Life pursuant to the Assignment.

COUNT ONE – INTERPLEADER

32. Pursuant to the terms and conditions of the Policy, as a result of the death of the Insured, Primerica Life is obligated to pay the Benefit to the primary beneficiary(ies) of the Policy, if any existed at the time of the Insured’s death, or to the contingent beneficiary(ies) of the Policy, if any existed at the time of the Insured’s death, or to the Estate if there were no such beneficiary(ies) at the time of the Insured’s death.

33. There are competing claims and interests with respect to the Benefit, as among Dolores Ford Coleman on the one hand and the remaining Defendants on the other hand.

34. There are substantial questions of law and/or fact as to whether Dolores Ford Coleman or one or more of the other Defendants should receive part or all of the Benefit.

35. The competing claims and interests are adverse to and conflict with each other as well as with Primerica Life's obligations under the Policy with respect to the payment of the Benefit.

36. The conflicting claims and/or interests identified above subject Primerica Life to potential double or multiple liability, even though Primerica Life has, at all relevant times, acted reasonably, fairly, and in good faith toward Defendants and their representatives. *See Phx. Ins. Co. v. Small*, 307 F.R.D. 426, 434 (E.D. Pa. 2015) (citing *Francis I. du Pont & Co. v. Sheen*, 324 F.2d 3, 4 (3d Cir. 1963) ("[T]he very purpose of interpleader is to relieve an obligor from the vexation of multiple claims in connection with a liability admittedly owed.")).

37. Primerica Life bears no responsibility for and is blameless with respect to the existence of any dispute between or among Defendants.

38. Primerica Life has no interest in retaining the Benefit, as it is a mere stakeholder of the property until the Court determines who among Defendants is entitled to receive part or all of the Benefit.

39. Primerica Life presently has custody of the Benefit and is prepared to pay the full amount of it, plus applicable interest, into the Registry of the Court to abide the judgment of the Court and will forthwith submit an application to the Court authorizing it to do so.

WHEREFORE, Primerica Life respectfully requests that the Court enter an Order granting it equitable interpleader relief as follows:

- (a) That Primerica Life be authorized to deposit the amount of the Benefit (\$300,000), plus accrued interest to the date of deposit, into the registry of the Court to be held until such time as the Court adjudicates the claims *inter se* of each of Defendants;


- (b) That Primerica Life be released from any and all further responsibility, authority, control, or other duty in connection with the Policy or the Benefit payable thereunder;
- (c) That, upon Primerica Life's deposit of the Benefit with the Court, Primerica Life be released and discharged from any and all liability whatsoever to Defendants, and to their respective heirs, parents, affiliates, subsidiaries, officers, directors, shareholders, agents, employees (past, present, actual, and ostensible), successors, attorneys, representatives and assigns, and any persons or entities subrogated to rights or having any rights of representation through them or any one or more of them, and any other person or entity, arising out of, pursuant to, or in any way connected with the death of the Insured, the Policy or the Benefit;
- (d) That Defendants each be enjoined and restrained from asserting any claim(s) or instituting any suit(s) against Primerica Life and/or its parents, affiliates, subsidiaries, officers, directors, shareholders, agents, employees (past, present, actual, and ostensible), successors, attorneys, representatives and assigns regarding the Policy or the recovery of all or any part of the Benefit;
- (e) That Primerica Life be awarded its attorneys' fees and costs associated with the institution and prosecution of this interpleader action;
- (f) That upon deposit of the Benefit with the Court, Primerica Life shall be dismissed from the within action; and

- (g) That Primerica Life shall be awarded any other relief that the Court deems just and appropriate.

WHITE AND WILLIAMS LLP

DATE: November 25, 2019

BY: _____


Sean P. Mahoney (PA ID 90313)
1650 Market Street, Suite 1800
Philadelphia, PA 19103-7395
(215) 864-6342
mahoneys@whiteandwilliams.com

*Attorneys for Interpleader Plaintiff
Primerica Life Insurance Company*

EXHIBIT “A”

PRIMERICA LIFE INSURANCE COMPANY
 Executive Offices: 3120 Breckinridge Blvd, Duluth, Ga. 30089-0001
Application For Life Insurance


1. PROPOSED PRIMARY INSURED

Print Name: F. R. D. J. R. ANDREW

Social Security Number: [REDACTED] Date of Birth: [REDACTED] Nearest Age: [REDACTED]

Married ☒ Single ☐ Male ☒ Female ☐ Driver's License No./State: [REDACTED]

Day Telephone No.: [REDACTED] Night Telephone No.: [REDACTED]

Birthplace - State: PA Country: USA

2. RESIDENCE ADDRESS

Street: 4031 GERMANTOWN AVE Apt. Number: [REDACTED]

City, State, Zip Code: Phila. PA 19140 Yrs. at Address: [REDACTED]

3. BUSINESS INFORMATION

Insured's Occupation: CLERGY Gross Monthly Earnings: 500.00

Employer Name: FORD MEMORIAL TEMPLE Time Employed: Yrs. 07 M. [REDACTED]

Business Address: SAME

City, State, Zip Code: [REDACTED]

4. LIFE INSURANCE PLAN & AMOUNTS - ENTER APPROPRIATE DATA.

Primary Insured	Primary Rider	Spouse Rider
<input type="checkbox"/> Preferred <input checked="" type="checkbox"/> Non-Tobacco <input type="checkbox"/> Tobacco <input type="checkbox"/> Term 10 \$ <u>0.00</u> <input checked="" type="checkbox"/> Term 20 \$ <u>300,000.00</u> <input type="checkbox"/> T 25 Mod \$ <u>0.00</u> <input type="checkbox"/> T 25 Level \$ <u>0.00</u> <input type="checkbox"/> Other \$ <u>0.00</u>	<input type="checkbox"/> Term 10 \$ <u>0.00</u> <input type="checkbox"/> Term 15 \$ <u>0.00</u> <input type="checkbox"/> Term 20 \$ <u>0.00</u> <input type="checkbox"/> T 25 Level \$ <u>0.00</u> <input type="checkbox"/> Other \$ <u>0.00</u>	<input type="checkbox"/> Preferred <input type="checkbox"/> Non-Tobacco <input type="checkbox"/> Term 10 \$ <u>0.00</u> <input type="checkbox"/> Term 15 \$ <u>0.00</u> <input type="checkbox"/> Term 20 \$ <u>0.00</u> <input type="checkbox"/> T 25 Level \$ <u>0.00</u> <input type="checkbox"/> Other \$ <u>0.00</u>
<input checked="" type="checkbox"/> Waiver of Premium Not Available After Age 55.	Increasing Benefit Rider <input type="checkbox"/> 5% <input type="checkbox"/> 10% Not Available After Age 55	Child Rider Units: <u>0</u> (Maximum 25 Units)

5. REPLACEMENT
 Has or will any existing individual Life Insurance or Annuities be replaced or changed (i.e., lapse, convert to a non-forfeiture option, reduce or otherwise terminate)? ☐ Yes ☒ No If yes, replacement MUST be indicated on Page 4 of the application, "Existing Insurance"

Amount With Application

\$ 14583



PLA-60 PA

6. BENEFICIARIES - The beneficiary for any spouse or child riders will be the primary insured, unless otherwise listed under "BENEFICIARIES TO SPA" & EQUALLY UNLESS OTHERWISE SPECIFIED. IF THIS IS AN IRREVOCABLE BENEFIT

List Primary Beneficiaries	Relationship to Insured	Social
Debra E. Coleman	Sister	
List Contingent Beneficiaries	Relationship to Insured	Social

7. SPOUSE INFORMATION

Print Name: _____ Last _____ First _____
 Social Security Number: _____ Date of Birth: _____
 Married ☐ Single ☐ Male ☐ Female ☐ Driver's License No./State: _____
 Birthplace - State: _____ Country: _____

8. SPOUSE ADDRESS - (If different from proposed primary insured)

Street: _____ Apt. Number: _____
 City, State, Zip Code: _____ Yrs _____

9. SPOUSE BUSINESS INFORMATION

Spouse's Occupation: _____ Gross Monthly Earnings: _____
 Employer Name: _____ Time Employed: Yrs _____
 City, State, Zip Code: _____

10. CHILD RIDER INFORMATION

Full Names of Children Proposed for Insurance	Resides with Primary (Yes/No)	Sex	Relationship to Primary Insured (Son, Daughter, stepchild, etc.)	Date of Birth Mo. / Day / Yr.	Height Ft. In.	Weight Lbs.

11. OWNER (If other than Primary Insured)

Print Name: _____ Last _____ First _____
 Social Security Number: _____ Relationship to Insured: _____
 Day Telephone No.: _____ Night Telephone No.: _____
 Address: _____
 City, State, Zip Code: _____
 If the individual Owner dies, who is to own Policy? _____ Relationship to Insured: _____

APPLICATION AGREEMENT

Each signer of this application hereby declares that the foregoing statements and answers, as and complete to the best of my/our knowledge and belief. It is also agreed as follows: (1) that in any continuation hereto, shall be part of the application and shall form the basis of any contract provided in the "Conditional Premium Receipt," the insurance hereunder applied for shall not be the policy is issued and delivered to the Owner while the health, habits and occupation of it application; (3) that if the Company should issue a Policy different from that applied for, if application; such amendment shall be in writing and signed by the Proposed Insured and Ow; such amendment must be received by the Company before the Policy can become effective; and (4) no agent or the Company nor any broker is authorized to make or modify contracts or waive any of the Company's rights or requirements. It is further understood and agreed that: (1) issuance of any Policy pursuant to this application and any application supplements is made in consideration of payment of the proper premium amount for the correct premium class of each person insured; (2) our determination of the premium class relies on true and complete answers to the questions in this application and any application supplements, including SPECIFICALLY any questions regarding tobacco use; and (3) if within 2 years of the Policy Date should said answers be determined to be materially misstated, the Policy is subject to be rendered void in accordance with applicable law. I/We hereby acknowledge that I/We have read and I/We understand the terms of this Application Agreement, as evidenced by my/our signature below. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CONDITIONAL PREMIUM RECEIPT

I/We understand and agree that no insurance will be in effect before a Policy is issued and delivered unless all of the Conditions below are met. If all Conditions are met and my/our death occurs before the delivery date of the Policy, then there shall be coverage, but only in accordance with the provisions of this Receipt and any Policy provisions not in conflict with it.

CONDITIONS FOR COVERAGE - 1) All information given by me/us in the application must be true and complete to the best of my/our knowledge and belief; 2) The Company must find the person(s) to be insured to be (a) standard risk(s) for the Policy applied for according to the Company's underwriting rules; 3) All items requested by the Company concerning my/our insurability must have been received by the Company. Such items may include, but are not limited to, medical examinations, saliva, blood and/or urine studies, attending physicians statements (APS) and electrocardiograms (ECG); 4) At least one month's premium for the Policy applied for must be paid with the application, but not to exceed the amount of premium required for \$500,000 of coverage per insured life.

EFFECTIVE DATE OF COVERAGE - Any coverage under this Receipt will become effective on the latest of the following: 1) Application Date; 2) Receipt of results of all test and exams required by the Company in connection with the Application; 3) Date the Company receives all other information requested.

LIMITS OF COVERAGE - The amount applied for and for which premium has been paid, but not to exceed \$500,000 of coverage per insured life applied for under this Application.

I/We hereby acknowledge that I/We have read and I/We understand the conditional coverage under this receipt and as evidenced by my/our signature below, understanding these conditions cannot be changed by any agent of the Company.

Dated at: PA

City & State

X

Signature of Owner (if other than Proposed Primary Insured)

X

Signature of Proposed Primary Insured (or Parent of Minor Child)

X

Signature of Children over the age of 18 (if to be insured)

X

Signature of Spouse (if to be insured)

UNDERWRITING AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

PRIMERICA LIFE INSURANCE COMPANY, Executive Office: 3120 Breckinridge Boulevard, Duluth, Georgia 30090-0001

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, Veterans Administration or government facility, insurance company, the Medical Information Bureau or other organization, institution or person having any records or knowledge about me to provide to Primerica Life Insurance Company, and its reinsurers any such medical or personal information, and to testify as to such information, all to the extent permitted by law. As part of the Company's regular underwriting procedure, an investigative consumer report may be obtained which will contain personal information concerning an individual's character, habits, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. This information may be obtained through personal interviews with my neighbors, friends, associates and acquaintances. Medical information includes the diagnosis, treatment and prognosis with respect to any physical or mental condition, as well as the use of drugs or alcohol. Although the Company maintains confidentiality of information obtained, the Company may disclose information to the MIB, and in certain circumstances be required by a law enforcement or governmental agency to furnish information to others without my prior authorization. In the event that a report is obtained, I understand that I may request to be interviewed in connection with the preparation of the report. Upon written request to the Company at the address listed above, further detailed information on the nature and scope of the report will be provided. I understand that the information obtained by use of this Authorization will be to determine eligibility for insurance. I know that I or my legal representative may request to receive a copy of this Authorization. A photographic copy of this Authorization shall be as valid as the original and will be valid for two and one half (2-1/2) years from the date this Application was signed. Because our affiliates may be able to offer other valuable products and services that you may need, Primerica Life Insurance Company may share (unless you check the box(es) below) information we have received in connection with your application, including information from any consumer reports. Check the following box(es) if you do not want information shared with our affiliates. ☐ Proposed primary insured ☐ Proposed spouse insured, if any.

Date: 7/27/99

Print Name of the Proposed Primary Insured (or Parent of Minor Child)

Print Name of Spouse (if to be insured)

X Anchor J. Liscip
Signature of Proposed Primary Insured (or Parent of Minor Child)

X
Signature of Spouse (if to be insured)

PLA-60 PA

Page 8

3.08

EXHIBIT “B”

BankofAmerica-East4a 7/19/2019 11:35:17 AM PAGE 2/003 888-294-5658



Primerica Life Insurance Company
 Executive Office: 1 Primerica Parkway
 Duluth, Georgia 30099-0001
 1-800-257-4725 • Personal RVP Line 1-800-737-5596
 Access your policy at myprimerica.com

MULTIPURPOSE CHANGE FORM

All needed signatures must be completed on the reverse side of this document.

POLICY OWNER ADDRESS CHANGE

Andrew J. FORD JR.
 Policy Owner
4031-37 Germantown ave
 New Address
Philadelphia
 City

0432007528
 Policy Number

PA *19140*
 State ZIP Code

Day Phone Number Home Work Other

Evening Phone Number Home Work Other

NAME CHANGE

Use only when current policyowner or insured(s) has legally changed his/her name.

Policy Owner

Primary Insured

Insured Spouse

Other Insured

Child

Prior Name (First, Middle, Last)

New Name (First, Middle, Last)

Reason for Change (Marriage, Court Order, etc.)

TRANSFER OWNERSHIP

I, _____, the owner of Policy # _____ issued on the life of

Name of Present Owner

_____ transfer ownership of said Policy, along with all rights, title and interest in said Policy to:

New Owner (First, Middle, Last)

NEW OWNER MUST COMPLETE THE FOLLOWING

Date of Birth

Social Security Number

Relationship to Insured

Day Phone Number Home Work Other

Evening Phone Number Home Work Other

Address

City

State ZIP Code

OVER

Policy # 0432007528

CHANGE BENEFICIARY

If a group is named as beneficiary, you must name each individual of this group.

IF A MINOR (below the age of 18) IS LISTED BELOW, PLEASE UNDERSTAND THAT A FINANCIAL GUARDIANSHIP FOR THE MINOR'S ESTATE WILL BE REQUIRED BEFORE POLICY PROCEEDS CAN BE RELEASED.

PRINCIPAL BENEFICIARY Principal Beneficiaries in equal shares to the survivor(s), unless otherwise directed under percentage/amt. column.

1.	Name (First, Middle, Last) FORD Memorial Temple	Social Security Number	Percentage or Amount \$15,000
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP 4031 Germantown Ave, Phila, PA 19140
2.	Name (First, Middle, Last) Nxt Generation Fellowship	Social Security Number	Percentage or Amount \$10,000
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP 4031 Germantown Ave, Phila, PA 19140
3.	Name (First, Middle, Last) Turay Funeral Home	Social Security Number	Percentage or Amount \$50,000
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP 2534 N. 2nd St, Phila, PA 19132
4.	Name (First, Middle, Last) Syretta Lawrence	Social Security Number	Percentage or Amount \$5,000
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP

CONTINGENT BENEFICIARY Contingent Beneficiaries in equal shares to the survivor(s), unless otherwise directed under percentage/amt. column.

1.	Name (First, Middle, Last)	Social Security Number	Percentage or Amount
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP
2.	Name (First, Middle, Last)	Social Security Number	Percentage or Amount
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP

SPOUSE RIDER BENEFICIARY

1.	Name (First, Middle, Last)	Social Security Number	Percentage or Amount
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP

SPOUSE CONTINGENT BENEFICIARY

1.	Name (First, Middle, Last)	Social Security Number	Percentage or Amount
	Date of Birth	Relationship to Insured	Street Address, City, State, ZIP

OTHER MISCELLANEOUS CHANGES

Drew Smith (\$5,000) Five Thousand

Shanelle Ford (\$5,000) Five Thousand

Andrew J. Ford III (\$5,000) Five Thousand

Britney Ford (\$5,000) Five Thousand

AUTHORIZATION FOR CHANGES	
X Signature of Current Policy Owner X Signature of New Policy Owner, if applicable X Signature of Irrevocable Beneficiary, if any	X Signature of Primary Insured X Signature of Spouse Insured X Signature of Witness or Agent & Solutions #
Date: N/A Date: N/A Date: N/A	Date: N/A Date: 7/18/19 Date: 7/18/19

EXHIBIT “C”

FILE COPY

July 22, 2019

14310
 Andrew J Ford Jr
 4031-37 Germantown Ave
 Philadelphia, PA 19140-3411

For Client Services
 Mon. - Fri. 8am - 5pm
 Call 1-800-257-4725

RE: Insured - Andrew J Ford Jr
 Policy Number - 0432007528

Dear Andrew J Ford Jr:

Thank you for making Primerica Life a leader in the insurance industry. The following is a list of beneficiaries designated on policy number 0432007528. Any recent beneficiary changes requested by you are reflected on this list.

PRINCIPAL BENEFICIARY		EFFECTIVE DATE
FORD MEMORIAL TEMPLE	\$215K	07/18/2019
NEXT GENERATION FELLOWSHIP	\$10K	07/18/2019
TURAY FUNERAL HOME	\$50K	07/18/2019
SYRETTA LAWRENCE	\$5K	07/18/2019
ADDITIONAL BENEFICIARIES ON FILE		07/18/2019

CONTINGENT BENEFICIARY	EFFECTIVE DATE
NONE LISTED	

Should you have any questions, please call our Client Services Line.

Sincerely,

Valerie Usher

Valerie Usher
 Client Services

**** NOTICE ****

If you have other policies/accounts with our company or any of our subsidiary and affiliated companies and wish to make the same change, please send separate notification to the appropriate company.

NOTE: If you intend to name a minor child as beneficiary, please understand that court-appointed guardianship of the minor's estate will be required in order to process a claim. To avoid delays at the time of a claim, which occur when a minor child is named as beneficiary, you may wish to establish a Trust on behalf of the minor child. If a Trust has been established, please submit a copy of the Trust so that your file can be updated.

FILE COPY

FILE COPY

EXHIBIT “D”

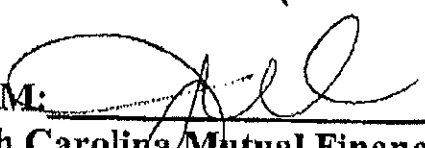
Jul 29 2019 11:04AM HP Fax

page 1

Date: 7/29/2019

FAX: 470-564-7662

TO: Primerica Life Insurance Company
ATTN: CLAIMS DEPARTMENT
ADDRESS: ATTN: CLAIMS
1 Primerica Parkway,
Duluth, GA 30099

FROM: 
North Carolina Mutual Financial
256-547-6998 PHONE
256-547-0623 FAX
P.O. BOX 1666
GADSDEN, AL 35902

PAGES BEING FAXED INCLUDING THIS COVER PAGE _____

PLEASE NOTE ASSIGNMENT

TIME IS OF THE ESSENCE

FUNERAL AND BURIAL ARRANGEMENTS PENDING!

DOCUMENTS INCLUDED WITH THIS FAX:

X VERIFICATION REQUEST FORM

X ASSIGNMENT/REASSIGNMENT TO NORTH CAROLINA MUTUAL FINANCIAL

____ CLAIM FORM

____ OTHER

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page 2

Turay Memorial Funeral Chapel

CLAIM VERIFICATION

19070820

Date: 7/29/2019

To: Primerica Life Insurance Company -- Life Insurance Death Claims 888-893-9858

Please verify the benefits, beneficiary and if there are any loans or premiums due on the policy(ies) listed below. We would appreciate your prompt verification of this information since funeral arrangements are pending such information. Please mark you records that an assignment to North Carolina Mutual Financial will be forthcoming. Our fax number is 256-547-0623.

Insured's Name: ANDREW J. FORD

Date of Death: 7/19/2019 Date of Birth: [REDACTED] Cause of Death: NATURAL

Policy Number:	0432007528			
Face Amount:				
Assigned Amount:	\$ 45000.00			
Beneficiary : Relationship:				
Contingent Beneficiary:				
Date of Issue:				
DOB on file:				
Loans or Liens:				
Interest on Loans:				
Unpaid Premiums:				
Net Amount Payable:				
Is policy graded death benefit?	YES / NO	YES / NO	YES / NO	YES / NO
Is policy contestable?	YES / NO	YES / NO	YES / NO	YES / NO
Any reinstatements?	YES / NO	YES / NO	YES / NO	YES / NO
Has there been any other verification calls or assignments submitted?	YES / NO	YES / NO	YES / NO	YES / NO
Do you know of any reason presently why this policy will not pay?				
Type of policy?				
Can an assignment be accepted and pay us the assigned amount?				

Primerica Life Insurance Company CERTIFIES THAT THE ABOVE INFORMATION PROVIDED TO NORTH CAROLINA MUTUAL FINANCIAL ACCURATELY REFLECTS THE TERMS AND CONDITIONS OF THE POLICY COVERAGE IDENTIFIED ABOVE.

Verified by (insurance) _____ NCM rep _____ date _____

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page 3

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TO GET STARTED:

- COMPLETE THE IRREVOCABLE ASSIGNMENT and
 - VERIFICATION OF CLAIM AND LIMITED DURABLE POWER OF ATTORNEY
 - FAX BOTH FORMS WHEN SIGNED TO (256) 547-0623 OR EMAIL info@ncmutualfinancial.com
- Call North Carolina Mutual Financial to make sure claim is received at 256-547-6998.

VERIFICATION OF CLAIM AND LIMITED DURABLE POWER OF ATTORNEY

FUNERAL HOME NAME: Turay Memorial Chapel
 INSURED NAME: Andrew J. Ford Jr SS# [REDACTED]
 DATE OF BIRTH: [REDACTED] DATE OF DEATH: 07-19-2019
 PLACE OF DEATH: ADDRESS: Copper Hospital CITY/STATE: Camden New Jersey
 CAUSE OF DEATH: [REDACTED]
 INSURANCE BENEFIT: TYPE OF INSURANCE COVERAGE? ☐ GROUP POLICY? ☐ INDIVIDUAL POLICY?
 IF GROUP INSURANCE, provide Employer (Company Name), a Contact Name, & Phone Number:

INSURANCE COMPANY NAME: Primerica Life Insurance Company
 POLICY (IES) # for this Claim: 0432007628
 \$ 45,000 FUNERAL / CEMETERY BILL ASSIGNMENT WITH CASH ADVANCES

Beneficiary 1: <u>Turay Funeral Home</u>	
Your Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>[REDACTED]</u>
Relationship to Deceased <input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Life Partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Brother/Sister	
<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other (Explain): <u>Funeral Home</u>	
Address (City/State/Zip) & Phone #, Email: <u>2534 North 22nd Street Phila PA 19132</u>	
Beneficiary 2:	
Your Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>[REDACTED]</u>
Relationship to Deceased <input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Life Partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Brother/Sister	
<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other (Explain): <u>[REDACTED]</u>	
Address (City/State/Zip), Phone #, Email: <u>[REDACTED]</u>	

DIRECTIVE and LIMITED DURABLE POWER OF ATTORNEY

TO WHOM IT MAY CONCERN: Upon presentation of this form, or a photo static copy thereof which is as valid as the original, you are authorized and directed to disclose insurance information and produce any documents required to settle any life insurance benefit on the Insured to North Carolina Mutual Financial ("NCM") P.O. Box 1666, Gadsden, AL 35902 ("NCM"), its assigns or its representatives. The undersigned Beneficiary(ies) hereby irrevocably authorize(s) and direct(s) the issuer or sponsor of the Policy, third party administrator, record keeper or any business or government entity to deal directly with NCM to give any information that NCM requires regarding INSURED, Beneficiaries, and the insurance benefit by email, fax, phone, and mail including confidential, personal and medical information to ensure proper filing for and payment of insurance policy benefits, resolving any denial of insurance policy benefits, and determine the validity of any reason(s) for any delay of payment of insurance policy benefits, and providing immediate HELP FOR THE FAMILY TO SECURE TIMELY ARRANGEMENTS FOR INSURED'S FUNERAL or BURIAL. In addition the undersigned Beneficiary(ies) individually hereby expressly: (i) authorize disclosure of Protected Health Information of INSURED pursuant to HIPAA 45 C.F.R. 164.512 to NCM; (ii) irrevocably appoint NCM as agent and Attorney-in-Fact with full power of substitution, to act for such Beneficiary(ies) with full power and authority to (i) enforce collection of, compromise, settle and give receipt for any benefits & proceeds of the Insured to the extent necessary to fully cover insured's funeral cost or assignment amount, (ii) endorse checks and benefit forms in such Beneficiary's individual, estate representative, and trustee capacity, (iii) receive and complete any claim or small estate forms connected with Insured (iv) receive plan documents, insurance, medical and confidential information concerning the Insured & beneficiary, (v) insert correct employer, insurer, policy or claim numbers on any assignments of Insured, (vi) add, redo, amend any assignments of the above Insured to correct errors, clarify ambiguities, and give further legal effect to the purpose and intent hereof, (vii) order death certificates of INSURED, (viii) insert Beneficiary's signature on any claim, assignment, small estate, tax, funeral bill, complaint or benefit forms as fully as Beneficiary could personally do, (ix) file lawsuits in Beneficiary(ies) name due to negligence, bad faith or unpaid interest and attorney fees as a result of payment delay or denial by insurer or employer; (j) ratify and confirm all that their attorney in fact may do or cause to be done by virtue of the authority and direction given herein, and (d) this power of attorney is not affected by subsequent disability or incapacity of any undersigned principal. The Beneficiaries hereby expressly consent and agree to personally submit to the jurisdiction of all levels of any and all State and Federal Courts located in Tarrant County, the State of Texas, arising out of any and all litigation which occurs as a result of any dispute regarding this Directive or Limited Durable Power of Attorney and any assignment thereof. I / WE AGREE TO HOLD HARMLESS INSURED, PERSON OR ENTITY FROM ANY AND ALL LIABILITY TO ME / US BY HONORING THIS POWER OF ATTORNEY AND PAYING INSURANCE TO NCM & RELEASING ANY INFORMATION & DOCUMENTS TO NCM.

By [Signature] (Rel: Funeral Home)
 BENEFICIARY'S SIGNATURE & RELATIONSHIP

By [Signature] (Rel: Turay Funeral Home)
 BENEFICIARY'S SIGNATURE & RELATIONSHIP

On 30/7/2019, before me, Clarence (Beneficiary(ies) who acknowledge him/herself to be the person whose name and capacity is subscribed to the above Power of Attorney. IN WITNESS WHEREOF, I hereunto set my hand and official seal this 30th day of July 2019.

1. Assumed name of Swiss Capital Corporation

North Carolina Mutual Financial, P.O. Box 1666, Gadsden, AL 35902 (256) 547-6998, 256-547-0623 fax: info@ncmutualfinancial.com

NOTARY PUBLIC SIGNATURE & STAMP

Jul 29 2019 11:04AM HP Fax

page 4

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**IRREVOCABLE ASSIGNMENT ("IA")****INSURED:** Andrew J. Ford Jr**INSURANCE COMPANY, BUSINESS OR GOVERNMENT ENTITY ("ICBG"):**

Primerica Life Insurance Company

INSURANCE POLICY, PLAN, ANNUITY, CLAIM or BENEFIT # (S) ("Policy"): 0432007528

FOR VALUE RECEIVED, the undersigned being all of the persons or entities equitably, legally, or through probate, entitled to receive and dispose of the benefits, payable now or in the future, under the Policy (individually and collectively "Beneficiaries"), hereby irrevocably assign, sell, convey and/or transfer to Turay Memorial Chapel ("FH") and its assigns, up to and including **\$45,000** which is to be paid from all the benefits, proceeds, premium(s) and interest connected with the above INSURED and/or described Policy including any return of premiums. In addition, the Beneficiaries assign & sell: accrued statutory or contractual interest from the date of death; unearned premiums; and all state and federal claims and causes of action against ICBG connected with the Policy or Insured, including but not limited to, all benefit fiduciary & non-benefit ERISA claims to FH and its assigns. Beneficiaries rights under the Policy to the full extent assigned shall be subrogated to FH and its assigns. The Beneficiaries hereby irrevocably consent to, authorize, and direct ICBG to make payments of the Policy benefits to FH and its assigns. The consideration for this IA is FH rendering funeral services or assisting with the disposition of remains of INSURED, which services have been specifically ordered and accepted by the undersigned, and if applicable, inclusive of advancing additional monies to the undersigned for personal benefit. **TIME IS OF THE ESSENCE. Beneficiary(ies) hereby irrevocably authorize(s) and direct(s) the issuer or sponsor of the Policy, third party administrator, record keeper or any business or government entity to deal directly with FH, its agent and assignee to give any information that they require regarding INSURED, Beneficiary(ies), and the Policy by email, fax, phone, and mail including confidential, personal and medical information to ensure proper filing for and payment of Policy benefits, resolving any denial of Policy benefits, and determine the validity of any reason(s) for any delay of payment of Policy benefits, and providing immediate HELP FOR THE FAMILY TO SECURE TIMELY ARRANGEMENTS FOR INSURED'S FUNERAL OR BURIAL.** The Beneficiaries hereby expressly consent and agree to personally submit to the jurisdiction of all levels of any and all State and Federal Courts located in Tarrant County, the State of Texas, arising out of any and all litigation which occurs as a result of any dispute regarding this IA and any assignment thereof. If FH or its assigns receive less than the amount assigned, the Beneficiaries must pay back such losses immediately. In the event that any payment is made to FH or its assigns for the Policy that is in excess of the amount stated above, the Beneficiaries agree FH and/or its assigns will take possession of the excess amount for itself until such time as Beneficiaries agree in writing to its distribution. If after one year there is no agreement in writing to its distribution; the Beneficiaries agree excess funds belong solely to FH and/or its assigns. The Beneficiaries agree to hold in trust any proceeds received from the Policy that were assigned to FH and/or its assigns and return such proceeds immediately. If the Policy is not delivered with this IA, Beneficiaries represent after a diligent search the Policy is LOST. Beneficiaries agree a copy of this IA is intended to be treated as if it were the original and is intended to be used as an electronic signature pursuant to 15 USCS § 7001. The Beneficiaries affirm & attest the Insured is dead. The Beneficiaries affirm and attest that they are of sound mind, 18 or older, understand the meaning of this IA, and are entering into this IA with the intent of being binding on them. Beneficiaries by their signature below agree to any reassignment of this IA. In the event any covenants and provisions are determined invalid, all other covenants and provisions will remain intact & enforceable. **IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS THIS** 20 **DAY OF** July **20**

→ /s/ [Signature] (Rel: Funeral Home)
BENEFICIARY'S SIGNATURE & RELATIONSHIP

→ /s/ [Signature] (Rel: Turay Memorial Chapel)
BENEFICIARY'S SIGNATURE & RELATIONSHIP

IRREVOCABLE REASSIGNMENT ("IRA")

FOR VALUE RECEIVED, the undersigned FH does hereby irrevocably assign, convey, sell, and/or transfer unto North Carolina Mutual Financial ("NCM") P.O. Box 1666, Gadsden, AL 35902, its successors and assigns, all of FH's right, power, use and interest in, to and under the above IA and the Policy, including without limitation benefits, subrogation rights and causes of action, and does hereby direct that all payments be made to NCM, hereby ratifying and approving anything that NCM may do by virtue of the authority and rights given herein. FH hereby irrevocably appoints NCM and its representatives as its Agent & Attorney-in-Fact to act for it with full power to make collection of, compromise, settle and receipt for the proceeds of the above Insured & Policy and authority to endorse checks; order death certificates; and complete assignments, pre-need or insurance claim forms as fully as FH could do, with full power of substitution and this power of attorney is not affected by subsequent disability or incapacity of the undersigned including if undersigned subsequently ceases to do business. FH agrees this IRA is intended to be treated as if it were the original and to be used as an electronic signature pursuant to 15 USCS § 7001. In addition, without limitation, the undersigned FH assigns to NCM the right to collect monies from any person(s) who is/are liable for INSURED's funeral and/or cemetery expenses. FH certifies that the information in the IA is accurate & truthful. The FH agrees to hold in trust any proceeds received that were assigned to NCM and return proceeds to NCM immediately. **This IRA is non-recourse unless information in the IA is not accurate or not truthful, otherwise, FH must return monies received if NCM is not paid by insurer.** FH hereby expressly consents and agrees to personally submit to the jurisdiction of all levels of any and all State and Federal Courts located in Tarrant County, the State of Texas, arising out of any and all litigation which occurs as a result of any dispute regarding this IRA and any assignment thereof. **FH affirms & attests the Insured is dead.** FH by their signature below agree to this IRA. All terms used in this IRA shall have the meaning herein and the above IA. **IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS THIS** 20 **DAY OF** July **20**

→ /s/ [Signature]
FUNERAL HOME / CEMETERY AUTHORIZED SIGNATURE

Turay Memorial Chapel
FUNERAL HOME or CEMETERY NAME

On 30/7/2019, before me, [Signature] (Beneficiary(ies))
 and [Signature] (Funeral Home / Cemetery Authorized Signature) appeared, Turay Memorial Chapel (Beneficiary(ies))
 to the above Power of Attorney. **IN WITNESS WHEREOF, I have hereunto set my hand and official seal.**

My Commission Expires Aug 28, 2020
 Commission Number 104311

NOTARY PUBLIC SIGNATURE & STAMP

1 - Assumed name of Surety Capital Corporation.

North Carolina Mutual Financial, P.O. Box 1666, Gadsden, AL 35902 (256) 547-8988, 256-547-0623 fax, info@ncmutualfinancial.com

EXHIBIT “E”

08/15/2019 11:23AM 00

TURAY MFC

PAGE 01

CLAIMANT INFORMATION

The information in this section must pertain to the Claimant (the beneficiary).
Please read carefully. Please print or type and complete in full. This form must be signed and notarized.

Claimant's Full Name: Turay Memorial Chapel -Antoine Turay

Date of Birth: [REDACTED] Social Security No. or Tax Id.: [REDACTED]
Individual - Claimant's Social Security Number • Estate Tax Id Number
Guardian - Child's Social Security Number • Trust Tax Id Number

Permanent Address: 2534 North 22nd Street Phila, Pa 19132
(Number, Street and Apt or Suite No. - Do not use P.O. Box or In-care-of address)

City: _____ State: _____ Zip Code: _____

Mailing Address: _____
(If different than above)

City: _____ State: _____ Zip Code: _____

Home Phone: [REDACTED] Work Phone: [REDACTED] Cell Phone: [REDACTED]
Area Code Phone Number Area Code Phone Number Area Code Phone Number

Please select your method of payment by marking the appropriate box below:

☐ Primerica Estate Account ☒ Check ☐ Settlement Option # _____ (Refer to the Claim Instructions and the policy)

Please be sure to review the payment method information found in the Claim Instructions on page 1 and the "Terms and Conditions" of the Primerica Estate Account Agreement on page 1A. Your signature below confirms acceptance of the Primerica Estate Account Agreement if chosen above.

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report interest or dividends, or (c) that the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. -- You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

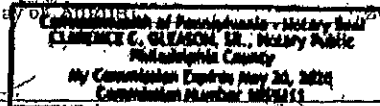
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I certify that all answers on this form are correct and true.

Signature of Claimant X [Signature]
(See "Important Instructions" on Page 1, Claim Instructions)

Subscribed and sworn to before me this 15th Day of August, 2019

Signature of Notary Public X [Signature]



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PAGE 02

PRIMERICA LIFE INSURANCE COMPANY

EXECUTIVE OFFICE: 1 Primerica Parkway • Duluth, Georgia 30098-0001

FOR ASSISTANCE
CALL TOLL-FREE
1-888-888-8888

CLAIMANT'S STATEMENT*Please Attach a Certified Death Certificate*

Please show all names the deceased was known by, including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias.

1. Deceased's Name in Full Andrew J. Ford II
2. Policy Numbers 0432007528
3. Deceased's Birth Date [REDACTED] Source from which Birth Date Obtained Family
Birth Certificate, Family Record, Other Record
4. Residence of Deceased at Death 13 Woodbury Dr Cherry Hill New Jersey 08003
Street Address City State Zip
5. Date of Death 07-19-2019 Place of Death Cooper Hospital - Camden New Jersey
6. Cause of Death [REDACTED] 7. Your relationship to the Deceased Funeral Home
8. Employer of Deceased Self Deceased's Occupation Pastor
9. If deceased has insurance with other companies, list names of companies and amounts below:
- | Names of Companies | Amounts |
|--------------------|---------|
| | |
| | |
| | |
10. Marital Status of Deceased Widowed Spouse's Name
- Children of Deceased Syreeta Coleman Spouse's Address
- Chanel Ford, Andrew J, Ford III

The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

The Claimant Information on the reverse side *must* be filled out completely in order to avoid any delay.

EXHIBIT “F”

PRIMERICA LIFE INSURANCE COMPANY

EXECUTIVE OFFICE: 1 Primerica Parkway • Duluth, Georgia 30099-0001

FOR ASSISTANCE
CALL TOLL-FREE
1-800-893-9608**CLAIMANT'S STATEMENT**

0432007528

*Please Attach a Certified Death Certificate**Please show all names the deceased was known by, including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias.*

1. Deceased's Name in Full

Andrew James Ford, Jr.

2. Policy Numbers

#04320075283. Deceased's
Birth DateSource from which
Birth Date ObtainedFamily RecordBirth Certificate, Family Record, Other Record4. Residence of
Deceased at Death13 Woodbury Drive Cherry Hill NJ 08003
Street Address City State Zip5. Date of
Death7-19-2019Place
of DeathCooper Hospital University
Medical Center6. Cause
of Death7. Your relationship
to the DeceasedSister8. Employer
of DeceasedFord Memorial Temple, Inc.Deceased's
OccupationPastor

9. If deceased has insurance with other companies, list names of companies and amounts below:

Names of Companies	Amounts
<u>N/A</u>	

10. Marital Status of Deceased

Widowed

Spouse's Name

Deceased

Children of Deceased

Andrew James Ford, III
Sybil Ford-Lawrence, Shanelle Ford

Spouse's Address

*The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.*The Claimant Information on the reverse side *must* be filled out completely in order to avoid any delay.

CLAIMANT INFORMATION

The information in this section must pertain to the Claimant (the beneficiary).
Please read carefully. Please print or type and complete in full. This form must be signed and notarized.

Claimant's Full Name:

DOLORES RENEE FORD

Date of Birth:

Social Security No. or Tax Id.:

• Individual - Claimant's Social Security Number • Estate Tax Id Number
• Guardian - Child's Social Security Number • Trust Tax Id Number

Permanent Address:

13 Woodbury Drive

Number, Street, and Apt. or Suite no. (Do not use P.O. Box or in-care-of address)

Cherry Hill

NJ

08003

City

State

Zip Code

Mailing Address:

(If different than above)

Home Phone:

Area Code Phone Number

Work Phone:

Area Code Phone Number

Cell Phone:

Area Code Phone Number

Please select your method of payment by marking the appropriate box below:

☐ Primerica Estate Account☒ Check☐ Settlement Option # _____

(Refer to the Claim Instructions and the policy)

Please be sure to review the payment method information found in the Claim Instructions on page 1 and the "Terms and Conditions" of the Primerica Estate Account Agreement on page 1A. Your signature below confirms acceptance of the Primerica Estate Account Agreement if chosen above.

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report interest or dividends, or (c) that the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. -- You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

I certify that all answers on this form are correct and true.

Signature of Claimant

Dolores R. Ford
(See "Important Reminders" on Page 1, "Claim Instructions")

Subscribed and sworn to before me this

25

Day of

August

Signature of Notary Public

Alexander J. Sacvano

ALEXANDER J. SACVANO
Notary Public - State of New Jersey
My Commission Expires Mar 31, 2022

EXHIBIT “G”

PRIMERICA LIFE INSURANCE COMPANY

EXECUTIVE OFFICE: 1 Primerica Parkway • Duluth, Georgia 30099-0001

FOR ASSISTANCE
CALL TOLL-FREE
1-888-893-9858**CLAIMANT'S STATEMENT**

0432007528

*Please Attach a Certified Death Certificate**Please show all names the deceased was known by, including full name, maiden name, hyphenated name, nickname, derivative form of first and/or middle name, or any alias.*

1. Deceased's Name in Full

Andrew J. Ford Jr.

2. Policy Numbers

04320075283. Deceased's
Birth DateSource from which
Birth Date Obtaineddrivers license
Birth Certificate, Family Record, Other Record4. Residence of
Deceased at Death13 Woodbury Court Cherry Hill, NJ
Street Address City State Zip5. Date of
Death7/19/19Place
of DeathCamden, NJ6. Cause
of Death7. Your relationship
to the DeceasedEmployee8. Employer
of DeceasedFord Memorial TempleDeceased's
OccupationPastor

9. If deceased has insurance with other companies, list names of companies and amounts below:

Names of	Amounts
<u>N/a</u>	<u>N/a</u>
CFM0432007528 	

10. Marital Status of Deceased

Widower

Spouse's Name

Jean Ford

Children of Deceased

Shanelle Ford

Spouse's Address

Andrew J Ford III; Syretta Lawrence*The furnishing of this form or its acceptance by the Company must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.*The Claimant Information on the reverse side **must** be filled out completely in order to avoid any delay.

CLAIMANT INFORMATION

The information in this section must pertain to the Claimant (the beneficiary).
Please read carefully. Please print or type and complete in full. This form must be signed and notarized.

Claimant's Full Name: FORD Memorial Temple

Date of Birth: _____ Social Security No. or Tax Id.: _____
• Individual • Claimant's Social Security Number • Estate Tax Id Number
 • Guardian • Child's Social Security Number • Trust Tax Id Number

Permanent Address: 4031 Germantown Ave
(Number, Street, and Apt. or Suite no. -- Do not use a P.O. Box or in-care-of address)
Philadelphia PA 19140
City State Zip Code

Mailing Address: Same as above
(If different than above)
City State Zip Code

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____
Area Code Phone Number Area Code Phone Number Area Code Phone Number

Please select your method of payment by marking the appropriate box below:

☐ Primerica Estate Account ☒ Check ☐ Settlement Option # _____ (Refer to the Claim Instructions and the policy)

Please be sure to review the payment method information found in the Claim Instructions on page 1 and the "Terms and Conditions" of the Primerica Estate Account Agreement on page 1A. Your signature below confirms acceptance of the Primerica Estate Account Agreement if chosen above.

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report interest or dividends, or (c) that the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: -- You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

I certify that all answers on this form are correct and true.

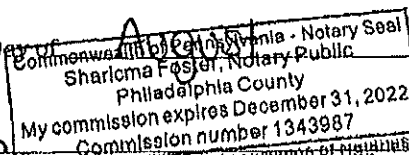
Signature of Claimant x

Cheryl Foster
(See Important Reminders on Page 1, Claim Instructions)

Subscribed and sworn to before me this 28th Day of August, 2019

Signature of Notary Public x

S. Foster



SEP 03 2019

EXHIBIT “H”

Jacobs, Randy [PRI-1PP]

From: Syreeta Lawrence <[REDACTED]>
Sent: Thursday, September 12, 2019 8:41 PM
To: Jacobs, Randy [PRI-1PP]; James Walker Jr.
Subject: Ford Claimant Request

Dear Mr. Randy Jacobs, (representative for Primerica - policy #320075280)

I am requesting that all individual claims be disregarded. Therefore this email confirms that the following names,...

- Syreeta Lawrence
- Shanelle Ford
- Andrew J Ford III
- Britney Ford
- Drew Smith

and any other names submitted, all be withdrawn from any claim to the policy of my father, Andrew James Ford, Jr.

I am the legal executor of my father, Andrew James Ford's estate and the representative of my siblings and family. It is my directive and the unanimous decision of the Ford family that claimant Delores Ford, the true assignee in regard to the policy #32007528 , be reinstated as the sole beneficiary of the policy, as originally intended.

Thank You,

Respectfully,

Syreeta (Ford) Lawrence